



**C. OTHER QUALIFYING INFORMATION**

*(To be completed by checking appropriated boxes. All "YES" answers must be explained.)*

1. Did you work for any other employer after the employment shown in Section A?..... ☐ YES ☐ NO

EMPLOYER'S NAME	ADDRESS (No., Street, City, State & Zip Code)
DATE OF SEPARATION	REASON FOR SEPARATION

2. Have you filed a request for a determination of entitlement to Trade Readjustment Allowance prior to This application?..... ☐ YES ☐ NO

STATE IN WHICH FILED	DATE FILED
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3. Do you have entitlement to unemployment insurance benefits in the benefit year of your most recent unemployment insurance claim?..... ☐ YES ☐ NO

PAYING STATE
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4. Have you received unemployment insurance benefits or training allowances since the employment shown in Section A?..... ☐ YES ☐ NO

PAYING STATE	NAME OF SCHOOL, INSTITUTION, TRAINING FACILITY, ETC. (Including City and State where located)
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Have you received payments from any source to enable you to attend this training?..... ☐ YES ☐ NO

If yes, from what source? \_\_\_\_\_  
Amount received \_\_\_\_\_

5. Since the employment shown in Section A, have you refused to accept referral to, or have you failed to report to a referred training program, or have you been terminated from any training program?..... ☐ YES ☐ NO

STATE IN WHICH OCCURRED	NAME OF SCHOOL, INSTITUTION, TRAINING FACILITY, ETC.,
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6. Are you now receiving any training?..... ☐ YES ☐ NO

CITY & STATE IN WHICH TRAINING IS BEING CONDUCTED	NAME OF SCHOOL, INSTITUTION, OR TRAINING FACILITY, ETC.
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**D. WORKER CERTIFICATION**

**I give this information to support my request for a determination of entitlement to Trade Readjustment allowances. The information contained in this request is correct and complete to the best of my knowledge. I understand penalties are provided for willful misrepresentation made to obtain allowances to which I am not entitled. I understand my entitlement to TRA basic allowance will depend on enrolling in approved training or ed. I have received a fact sheet explaining the TAA/TRA program.**

SIGNATURE OF CLAIMANT	DATE OF THIS REQUEST
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**E. STATE AGENCY CERTIFICATION**

I have witnessed the claimant's signature shown and above have discussed with the claimant the statements made. Based upon my knowledge of the facts, the statements appear to be correct.

CLAIMSTAKER'S SIGNATURE:	DATE:
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